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THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

WARREN M. FARNWORTH  
SALMAN AKRAM

Serial No. 09/266,237

Art Unit: 2829

Filing Date: 03/10/1999

Examiner: KOBERT, R.

For: TEST INTERCONNECT AND TEST SYSTEM  
FOR BUMPED SEMICONDUCTOR COMPONENTS  
(AS AMENDED)

Attorney Docket No. 97-1433

PETITION TO ACCEPT LATE PAYMENT OF ISSUE FEE

OCTOBER 11, 2004

Mail Stop Petition  
Commissioner For Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant requests acceptance of the issue fee in the above case because the "Notice Of Allowance And Fees Due" mailed 06/08/2004, having a date due of 09/08/2004, was not received by Applicant until 10/07/2004. As grounds for this Petition Stephen A. Gratton, Attorney For Applicant states as follows.

1. A "Supplemental Notice Of Allowablity" mailed 09/22/2004 was received by Applicant.

2. On 10/07/2004 Applicant contacted Examiner Kobert stating that the "Supplemental Notice Of Allowability" had

10/15/2004 FMETEKI2 00000114 09266237

01 FC:1460 130.00 DP  
Adjustment date: 11/04/2005 AKELLEY  
10/15/2004 FMETEKI2 00000114 09266237  
01 FC:1460 -130.00 DP  
Repln. Ref: 11/04/2005 AKELLEY 0008441900  
DAH:071857 Name/Number:09266237  
FC: 9204 \$130.00 CR

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>11/1/05</u>		2 Serial/Patent # <u>09266237</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input type="checkbox"/>	Filing		\$							
<input type="checkbox"/>	Amendment		\$							
<input type="checkbox"/>	Extension of Time		\$							
<input checked="" type="checkbox"/>	Notice of Appeal/Appeal		\$							
<input checked="" type="checkbox"/>	Petition	<u>Pet.</u>	<u>10/14/04</u> \$ <u>130.00</u>							
<input type="checkbox"/>	Issue		\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$							
<input type="checkbox"/>	Maintenance		\$							
<input type="checkbox"/>	Assignment		\$							
<input type="checkbox"/>	Other		\$							
		7 TOTAL AMOUNT OF REFUND	\$ <u>130.00</u>							
10 REASON:		8 TO BE REFUNDED BY:								
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Treasury Check							
<input checked="" type="checkbox"/>	Duplicate Payment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:							
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>0</td><td>7</td><td>--</td><td>1</td><td>8</td><td>5</td><td>7</td> </tr> </table>		0	7	--	1	8	5	7
0	7	--	1	8	5	7				
<u>Pet. 1.181</u>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Liana Chase</u>		TITLE: <u>Pets Examiner</u>								
SIGNATURE: <u>[Signature]</u>		PHONE: <u>272-3206</u>								
OFFICE: <u>Pets</u>										
*****										
THIS SPACE RESERVED FOR FINANCE USE ONLY:										
APPROVED: <u>[Signature]</u>		DATE: <u>11/3/05</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: